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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY					
PROC	E89ED	Serial				
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	k if this is an amendment and name has changed, and indicate change.) es A Preferred Stock of Drugtest, Inc.
Filing Under (Check box(eapply):	[] <u>Rule 304</u> [] <u>Rule 305</u> [] Section 4(6) [] GLOE
Type of Filing: [X] New Fi	ling [] Amendment
	A. BASIC IDENTIFICATION DATA
1. Enter the information rec	uested about the issuer
Name of Issuer ([] check Drugtest, Inc.	if this is an amendment and name has changed, and indiciate change.)
Address of Executive Offic (Including Area Code) 10750 Hammerly Bouleva	es (Number and Street, City, State, Zip Code) Telephone Number rd, Houston, Texas 77043 (713) 972-3472
Address of Principal Busine (Including Area Code) (if different from Executive	ess Operations (Number and Street, City, State, Zip Code) Telephone Number Offices)
Brief Description of Busines Development and adminis	ss tration of corporate drug testing programs
Type of Business Organiza	ion
[X] corporation	[] limited partnership, already formed [] other (please specify):
[] business trust	[] limited partnership, to be formed
	Month Year
Actual or Estimated Date o	f Incorporation or Organization: [0 2] [0 1] [X] Actual [] Estimated
Jurisdiction of Incorporatio	n or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D][E]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name Keenan, Jeffrey	e first, if individual)		
	e Address (Number and Street, City oulevard, Houston, Texas 77043	, State, Zip Code)	
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name Morris, George Dex	,		
	e Address (Number and Street, City oulevard, Houston, Texas 77043	, State, Zip Code)	

Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name Young, Jr., Martin I					
Business or Residence c/o Falcon Seaboard	-		y, State, Zip Code) Lane, Suite 540, Hous	ston, Texas 77024	
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name Humphries, J. Brent					
Business or Residence 10750 Hammerly Bo			, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name Michalik, Christian	first, if individual)				
Business or Residence 10750 Hammerly Bo		•	, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name Dewey, Michael G.	e first, if individual)				
Business or Residence 204 Reveille Road, A		nd Street, City	, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name Tailllie, Scott A.	first, if individual)				
Business or Residence 1809 Round Ridge R	•		, State, Zip Code)		

Check Box(es) that Apply:	[] Promoter [] F	Beneficial Owner	[X] Executive Officer	[] Director [General and/or Managing Partner
Full Name (Last name Shephard, Thomas A					
	e Address (Number and ulevard, Houston, Te		, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] F	Beneficial Owner	[X] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name Perry, Eugene	e first, if individual)				
	e Address (Number and ulevard, Houston, Te		, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name Soros Private Equity					
Business or Residence c/o Soros Private Fun			r, State, Zip Code) venue, 33 rd Floor, New	York, NY 10106	
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name The Texas Growth F					
Business or Residence c/o TGF Manager			r, State, Zip Code) e, Suite 2900, Austin, T	Γexas 78701-4042	
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name The David Dewhurst					
Business or Residence	,		, State, Zip Code) Lane, Suite 540, Hous	ston, Texas 77024	

B. INFORMATION ABOUT OFFERING		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No [X]
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$ N/A	k.
3. Does the offering permit joint ownership of a single unit?	Yes [X]	No [
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual) N/A		
Business or Residence Address (Number and Street, City, State, Zip Code) N/A		
Name of Associated Broker or Dealer N/A		

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	О	Aggregate ffering Price		Amount Already Sold
Debt	\$	0	\$	0
Equity	\$	1,250,000	\$	0
[] Common [X] Preferred				
Convertible Securities (including warrants)	\$	0	\$_	0
Partnership Interests	\$	0	\$	0
Other (Specify).	\$	0	\$	0
Total	\$	1,250,000	\$_	0

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	Number Investors		Doll	regate ar Amount urchases
Accredited Investors		0	\$	0
Non-accredited Investors		0	\$	0
Total (for filings under Rule 504 only)		0	\$	0
Answer also in Appendix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
Time of official	Type of Sec	urity	Dolla Sold	ar Amount
Type of offering Rule 505				
Regulation A				
Rule 504				
Total				
4. a. Furnish a statement of all expenses in connection with the issuance and distribut offering. Exclude amounts relating solely to organization expenses of the issuer. The subject to future contingencies. If the amount of an expenditure is not known, furnist to the left of the estimate.	information	n may	be gi	ven as
		r 1	ď	
Transfer Agent's Fees Printing and Engraving Costs				
Legal Fees				100,000
Accounting Fees		[]		100,000
Engineering Fees		[]		
Sales Commissions (specify finders' fees separately)		[]		
Other Expenses (identify): Administrative, Closing Costs, Filing Fees				10,000
Total				110,000
b. Enter the difference between the aggregate offering price given in response to Par Question 1 and total expenses furnished in response to Part C - Question 4.a. This di the "adjusted gross proceeds to the issuer."		[X]	\$	1,140,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$	_ []\$
Purchase of real estate	[]\$	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	[]\$
Repayment of indebtedness	[]\$	[X] \$ <u>15.000</u>
Working capital	[]\$	[X] \$ <u>1,125,000</u>
Other (specify):	[]\$	[]\$
	[]\$	[]\$
Column Totals	[]\$	[]\$1,140,000
Total Payments Listed (column totals added)	[X]\$_	1,140,000

Paymente to

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under $\underline{\text{Rule } 505}$, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of $\underline{\text{Rule } 502}$.

Issuer (Print or Type)	Signature	Date
Drugtest, Inc.	12 A 5 G/2	June 28, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Thomas A. Shephard	Chief Financial Officer and Secretary	

-	ATTENTION
-	Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of	Yes No
such rule?	[] [X]
Son Amendia Column 5 for state money	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
Drugtest, Inc.	TZASG-e	June 28, 2002	
Name of Signer (Print or Type)	Title (Print or Type)		
Thomas A. Shephard	Chief Financial Officer and Secretary		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1				4					
1	Intend to sell to non- accredited investors in State (Part B-Item 1)		3	7		5			100 miles (100 miles (
			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	**			Number of Accredited		Number of Non- Accredited		77	
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
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AZ									
AR									
CA									
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МТ							
NE							
NV							
NH							
NJ							
NM							
NY	X	Series A Preferred Stock \$1,250,000	1	1,000,000	0	0	X
NC							
ND							
ОН							
OK							
OR							
PA							
RI							
SC							
SD							
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ŢХ	X	Series A Preferred Stock \$1,250,000	1	250,000	0	0	X
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VA							
WA							
wv							
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WY							
PR							